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DRINKING WATER (P/A) COLIFORM SUBMISSION FORM											THE STATE OF THE S	Houston Health Department Water & Dairy Laboratory			Test results		
Public/Private Water System Identification & Sample Collection Information (Please PRINT legibly in black ink)												2250 Holcombe Blvd, Houston, TX 77030			meet all requirements	STAP ACCREDING	
TCEQ Public Water System ID										um	P (832)393-3939 F (832)393-3989			of TNI unless	TNI		
(Must be 7 digits; include all zeros) Public Water											dill	Www.housto	ntx.gov/health/ .info@houst	water.html	stated otherwise.	PRORATORY	
	System Nam									Brunno D	ille		8012 / USEPA Lab		Other wise.		
	County				cct #, check or						Labora	tory Use Only -	Do not mark to th	ne right of the bo	ld black line		
	Journey	MO #, cc approval code															
۲	Name								Date/Time								
inits	Address								Received								
Send Results To	City									Received by	Received by Sample YES NO Temp °C					Corr. Temp °C	
enc	01:11:			7'o Codo						j	Client	Iced? Notification of P	ositive or Unsuit	table Sample - La	b Use Only		
(C)	State			Zip Code			_	<u>-                                     </u>		Client or Sam				<u>'</u>	Notified by		
Pho	ne #			Fax	# or Email					notified							
Sampler Name								Date/Time notified									
Sampler Contact #										Notes:							
System Type (Circle one) Water Source (Circle one)									one)	CHLORINE RESIDU			RESIDIIAI	LABORATORY USE ONLY			
P	IBL IC	PRIVAT	BOTTLED			SURFACE		GROUN	D W/ SUR	RFACE INFLUENCE		MANDATORY on ALL					
VENDED (WELL) (LAKE, RIVER)										TCEQ Compliance		Unsuitable					
Sample Identification				Collected Sample Type: (X) Mark (					() Mark O	NLY ONE box		samples including Routine, Raw & Repeat		sample	Laboratory Sample		
Use Specific Address/Location/Descr DO NOT USE SITE #			•	Date	Write time sampled.		CONST RAV		CDECIAL	REPE#	٩T			- · ·	ID Number		
Dow			ampled; Ex. G1234567A	M/D/Y	Circle am/pm	DIST/RT	CONST	WELL	SPECIAL	Include Sample Previous Posi		Free Chlorine mg/L	Total Chlorine mg/L	Rejection Code			
Naw	Wells Ose Soul	ice ib ioi well 3	ampieu, Ex. G 1234307A		+	1						g/L	mg/L				
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Coliform P/A Unsuitable Sample EH = Exceeds holding time. Not received within 28 hours of collection LT = Leaked in transit CL = Chlorine present in sample LR = Lab Rej																	
	⊢orm	Form Rejection Code Definitions VO = Volume insufficient for analysis IN = Form Incomplete BR = Broken FZ = F											ent INC = No (	Chlorine Residu	ual recorded	Page 1 of 1	